

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Office Location:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## CHIROPRACTOR

### CONTINUING EDUCATION ADDENDUM

Name: \_\_\_\_\_ (Please Print)      Credential #: \_\_\_\_\_

#### PLEASE COMPLETE THE FOLLOWING INFORMATION WHICH IS REQUIRED IN ORDER TO RENEW YOUR LICENSE:

- ☐ I have completed the 40 hours of continuing education as required for the 2016 -2018 biennium. I have evidence of this which I will furnish to the Chiropractic Examining Board upon request. If more space is needed, please attach an additional sheet. **One (1) credit of AED course work may be counted toward the continuing education requirement every biennium (CHI100000).**

Course ID#	Course Title	Credit Hours

Date: \_\_\_\_\_

Total Credit Hours: \_\_\_\_\_

Signature: \_\_\_\_\_

**MAKING A FALSE STATEMENT IN CONNECTION WITH ANY APPLICATION FOR CREDENTIAL IS GROUNDS FOR REVOCATION OR DENIAL.**